

Request for Vehicle Operator Identification Card

If you have more than 2 points against your license, you cannot be issued a vehicle operator identification card!

Name	Last	First	M.I.	DOB	
Home Address	Street	City/Town		State	Zip Code
Unit	Name	Charter Number MER-MD-		CAPSN	

Drivers License Information

State Issued	License Number	Date of Issue	Expiration Date
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If you have been found guilty of violating a driving law within the last five years, fill out below

Violation Charged With (ex:speeding)	Date (Month/Year)	Location (City & State)	Action Taken (Fine, Points given, Suspension, etc.)

If you have ever had your license revoked/suspended, explain circumstances and length of revocation/suspension below

Describe below any motor vehicle accidents you have had within the last three years in which you were the driver. Use additional sheets as necessary. For each accident, provide at the minimum the following: Date, any personal injuries and/or deaths, place of occurrence, and description of how the accident occurred. Begin with most recent occurrence.

The information I have supplied in making application for a Maryland Wing Civil Air Patrol Vehicle Operator Identification card is true and complete to the best of my knowledge and belief. I agree to surrender my CAP Vehicle Operator Identification card in the event I receive three or more points on my state driving record and/or I am charged with either driving under the influence of alcohol or drugs or driving while intoxicated.

Date	Signature
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The applicant is a current member of the Civil Air Patrol and is assigned to this unit. I have personally reviewed the applicant's license/permit and it is as indicated on this application. To the best of my knowledge and belief, the applicant's driving and accident record is accurately stated. I recommend that the applicant be issued a Vehicle Operator Identification card to operate Civil Air Patrol vehicles.

Date	Unit Commander's Signature
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